WASATCH ACADEMY

2023-24 Returning Students
Annual Forms and Checklist – Due by August 15

Dear Families,

We hope this finds you well and enjoying summer break! We look forward to your student returning to join us this fall! Please scan the completed enrollment forms back to admissions@wasatchacademy.org or fax them back to admissions at 435.462.1450 by August 15.

We look forward to welcoming all students to campus on *Sunday, August 27.* Registration will begin at noon, and dorms will open after noon so students can start moving their things in, get unpacked, etc.

Annual Medical Forms & Medical Insurance - *Required by the WA Wellness Center*:

☐ Participant & Parental Disclosure and Consent

☐ Pre-participation Health History *(completed by parents/guardian & student)*

☐ Pre-participation Physical Evaluation (*provide to a physician for completion*)
- An annual physical is required of all students.
- Physicals completed by a doctor after August 31, 2022, are acceptable.

☐ Prescription Management and Pharmacy Acknowledgement

Please provide the WA Wellness Center with your student's most recent insurance card/information. *They can be reached by email at wellnesscenter@wasatchacademy.org, by phone at 435.462.1419, or by 801.931.2134 fax.*

Travel Details - *For planning purposes, please complete & return the travel forms to us, whether your student is flying alone or you are accompanying your student to campus.*

☐ Travel & Transportation Forms - Abbi Kennedy, WA Student Transportation Coordinator: travel@wasatchacademy.org or 801.592.8062.

Please let us know if you have any questions. We will see everyone on campus this fall!

Warm regards,

Michelle Huntsman
Admissions Associate
Wasatch Academy
michelle.huntsman@wasatchacademy.org

PRE-PARTICIPATION EXAMINATION FORM

Instructions for completing pre-participation (athletic)
Health Examination and Consent Form

COMPLETING THIS FORM:

1. PLEASE TYPE OR PRINT LEGIBLY
2. Parent/Guardian along with the student are to complete the Health History on page 3 and the Disclosure and Consent Document on page 2. Please note student and parent are to sign both forms. The Health History is to be taken to the physical examination for the physician/provider to review.
3. Physician/Provider is to complete and sign the Physical Examination form on page 4.
4. Entire completed form is to be returned to school administration.

SUBMITTING THIS FORM:

1. School personnel should review form to assure it is completed properly.
2. ORIGINAL copy is to be retained in school files.

QUALIFICATION OF PROVIDERS:

A health examination must be performed annually and the Pre-participation Physical Evaluation Form must be completed before any student may participate in athletic activities sponsored by this Association. A Pre-participation Physical Evaluation Form along with the Disclosure and Consent Document must be on file at the school before any participation in athletic activities.

The health examination must be completed and the form signed by any Medical Doctor (MD), Doctor of Osteopathy (DO), Physician's Assistant (PAC), or Registered Nurse Practitioner (RNP), Doctor of Chiropractics (DC), functioning within the legal scope of their practice.

As part of our quality assurance efforts in best practices and maintenance of credentialing, and acknowledging the need to allow time for certification efforts, the BOT approved that all medical personnel that perform the pre-participation physical exam for student athletes will be required to be "Board Certified"* by their respective disciplines by March 10, 2025.

In addition to maintaining the continuing medical education (CME) required by each medical discipline for state licensure, the BOT approved that NPs, PAs, DCs, DOs and MDs have successfully completed postgraduate education and Board Certifications. As examples: NPs would successfully complete and maintain FNP-BC or FNP-C certifications; PAs would successfully complete NCCPA certification and maintain PANRE or PANRE-LA certifications; DCs would successfully complete and maintain a postgraduate Diplomate program (i.e. Internal Medicine & Family, Sports Medicine, Orthopedics, Pediatrics, etc.); DOs and MDs would successfully complete a postgraduate residency/fellowship program and maintain board certification in one of the 24 Member Boards of ABMS.

*Note: The American Board of Medical Specialties differentiates medical licensure from board certification.

THE UTAH HIGH SCHOOL ACTIVITIES ASSOCIATION DOES NOT PROVIDE PRINTED COPIES OF THIS FORM. PLEASE MAKE ALL NECESSARY COPIES.

Participant & Parental Disclosure and Consent Document

PLEASE NOTE: It is the responsibility of the parent/guardian to notify the school if there are any unique individual problems that are not listed on the Pre-participation Physical Evaluation Form.

_____ _____
Name of Student *School*

Is the student covered by health/accident insurance? ❑Yes ❑No

_____
Name of health insurance provider

If no insurance provider, explain _____

_____

_____

_____

CONSENT FORM

Parent or Guardian Statement of Permission, Approval, and Acknowledgement:

By signing below, I the parent or legal guardian of the above named student do:

- Hereby consent to the above named student participating in the interscholastic athletic program at the school listed above. This consent includes travel to and from athletic contests and practice sessions.
- Further consent to treatment deemed necessary by health care providers designated by school authorities for any illness or injury resulting from his/her athletic participation.
- Recognize that a risk of possible injury is inherent in all sports participation. I further realize that potential injuries may be severe in nature including such conditions as: fractures, brain injuries, paralysis or even death.
- Acknowledge and give consent that a copy of this form will remain in the student's school. I agree that if my student's health changes and would alter this evaluation, I will notify the school as soon as possible but within no longer than 10 days.
- Hereby acknowledge having received education including receiving written information regarding the signs, symptoms, and risks of sport related concussion. I also acknowledge that I have read, understand and agree to abide by the UHSAA Concussion Management Policy and/or the policy of the school listed above. *http://www.uhsaa.org/SportsMed/ConcussionManagementPlan.pdf*

_____ _____
Parent or Guardian Name *Parent or Guardian Signature*

_____
Date

Student Statement

By signing below I acknowledge:

- This application to compete in interscholastic athletics for the above school is entirely voluntary on my part and is made with the understanding that I have not violated any of the eligibility rules and regulations of the Utah High School Activities Association.
- My responsibility to report to my coaches and parent(s)/guardian(s) illness or injury I experience.
- Having received education including receiving written information regarding signs, symptoms, and risks of sport related concussion. I also acknowledge my responsibility to report to my coaches and parent(s)/guardian(s) any signs or symptoms of a concussion.

_____ _____
Signature of Student *Date*

THIS FORM MUST BE ON FILE AT THE MEMBER HIGH SCHOOL PRIOR TO PARTICIPATION.

ATHLETIC PRE-PARTICIPATION EXAM AND MEDICAL HISTORY

*Must be completed **every school year** by the athlete and parent prior to any try-out, practice, or athletic contest*

***NOTE:** If a student athlete is under specific medical management (i.e. medications, etc.) the appropriate medical provider will conduct the pre-participation physical exam as these issues will be appropriately addressed during the exam.*

ATHLETE INFORMATION

Athlete Name: _____ **Date of Exam:** _____

Sport(s): _____

Birth date: _____ **Age:** _____ **Grade in school** _____ **Gender:** _____ **School year:** _____

Athlete Cell Phone No. (_____) _____ **Athlete Address:** _____

EXAMINATION: TO BE FILLED OUT BY PHYSICIAN ONLY

Height: _____ Weight: _____ ☐ Male ☐ Female | Pulse: _____ BP: _____/_____ % Body Fat (opt) _____

Vision: Left_____/_____Right_____/_____ Corrected: ☐ Yes ☐ No Pupils: ☐ Equal ☐ Unequal

Immunizations: Tetanus _____ MMR _____ Hep B _____ Chickenpox_____

GENERAL MEDICAL (please initial)	Normal	Abnormal Findings	MUSCULOSKELETAL (please initial)	Normal	Abnormal Findings
Appearance (Marfan stigmata)			Neck		
Eyes/Ears/Nose/Throat (Pupils Equal, Hearing)			Back		
Lymph Nodes			Shoulder/ Arm		
Heart (murmurs)			Elbow/ Forearm		
Pulses (Simultaneous femoral and radial pulses)			Wrist/ Hand/ Fingers		
Lungs			Hip/ Thigh		
Abdomen			Knee		
Skin (HSV, MRSA, tinea corporis)			Leg/ Ankle		
Neurological			Foot/ Toes		
Genitourinary (males only)			Functional (Duck walk, single leg hop)		

ATHLETIC PARTICIPATION RECOMMENDATIONS *(Physician MUST select one item listed below)*

_____ **FULL & UNLIMITED PARTICIPATION**

_____ **LIMITED PARTICIPATION**—May NOT participate in the following _____

_____ **CLEARED PENDING**—Documented follow up of: _____

_____ **NOT CLEARED FOR ATHLETIC PARTICIPATION**

Physician's Comments: _____

_____

_____

By signing this form, I acknowledge that I am board certified in a medical specialty, and as such, I am current in my maintenance of credentialing.

Medical Provider: _____
(Please print)
Medical Signature: _____ Date: _____

IF THIS FORM IS NOT FULLY COMPLETED INCLUDING DOCTOR ADDRESS AND NUMBER, IT WILL NOT BE ACCEPTED

Physician's Office Address

Telephone: (____) _____

ATHLETIC PRE-PARTICIPATION EXAM AND MEDICAL HISTORY

*Must be completed **every school year** by the athlete and parent prior to any try-out, practice, or athletic contest*

Athlete Name: _____Date of Birth_____

MEDICAL HISTORY

Medicines: Please list all of the prescription and over-the-counter medicine and supplements (herbal and nutritional) that you are currently taking

_____

Allergies: Do you have any allergies? ☐ Yes ☐ No If yes, please identify specific allergy.
☐ Medicines_____ ☐ Pollens _____ ☐ Food _____ ☐ Stinging Insects_____

ANY "YES" RESPONSES MUST BE EXPLAINED IN FULL AFTER EACH QUESTION IN THE SPACE

GENERAL QUESTIONS	Yes	No
Has a doctor ever denied or restricted your participation in sports for any reason?		
Do you have any ongoing medical conditions? If so please identify below: ☐ Asthma ☐ Anemia ☐ Diabetes ☐ Infections ☐ Other:		
Have you ever spent the night in the hospital?		
Have you ever had surgery?		
HEART HEALTH QUESTIONS ABOUT YOU	Yes	No
Have you ever passed out or nearly passed out DURING or AFTER exercise?		
Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?		
Does your heart ever race or skip beats (irregular beats) during exercise?		
Has a doctor ever told you that you have any heart problems? If so check all that Apply: ☐ High Blood Pressure ☐ High Cholesterol ☐ Kawasaki Disease ☐ A heart murmur ☐ A heart infection ☐ Other: _____		
Has a doctor ever ordered a test for your heart? (e.g. ECG/EKG, Echocardiogram)?		
Do you get light headed or feel more short of breath than expected during exercise?		
Have you ever had an unexplained seizure?		
Do you get more tired or short of breath more quickly than your friends during exercise?		
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY	Yes	No
Has any family member or relative died of a heart problem or had an unexpected or unexplained sudden death before age 50 (including drowning, unexplained car accident or sudden infant death syndrome)?		
Does anyone in your family have hypertrophic cardiomyopathy, Long QT syndrome, Short QT syndrome, Brugada syndrome or catecholaminergic polymorphic ventricular tachycardia?		
Does anyone in your family have a heart problem, pacemaker, or implanted Defibrillator?		
Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning?		
BONE AND JOINT QUESTIONS	Yes	No
Have you ever had an injury to a bone, muscle , ligament or tendon that caused you to miss a practice or a game?		
Have you ever had any broken, fractured or dislocated bones?		
Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast or crutches?		
Have you ever had a stress fracture?		
Have you ever been told that you have or have you had an x-ray for a neck instability or atlantoaxial instability (down syndrome or dwarfism)?		
Do you regularly use a brace, orthotics, or other assistive devices?		
Do you have a bone, muscle, or joint injury that bothers you?		
Do any of your joints become painful, swollen, feel warm or look red?		
Do you have any history of juvenile arthritis, or connective tissue disease?		
Have you had any problems with pain, swelling, fracture, sprain, strain, or dislocation in any joint? *Specify below if yes*		
If yes, check the appropriate box and explain below: ☐ Head _____ ☐ Neck _____ ☐ Back _____ ☐ Shoulder _____ ☐ Arm _____ ☐ Elbow _____ ☐ Finger _____ ☐ Wrist _____ ☐Hand _____ ☐ Shin/Calf _____ ☐Thigh _____ ☐ Knee _____ ☐Hip _____ ☐Ankle _____ ☐Foot _____		

MEDICAL QUESTIONS	Yes	No
Do you cough, wheeze or have difficulty breathing during or after exercise?		
Have you ever used an inhaler or taken asthma medication?		
Is there anyone in your family who has asthma?		
Were you born without or are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?		
Do you have groin pain or a painful bulge or hernia in the groin area?		
Have you had infectious mononucleosis (mono) within the last month?		
Do you have any rashes, pressure sores, or other skin problems?		
Have you had a herpes or MRSA skin infection?		
Do you have a history of seizure disorder?		
Have you had any problems with your eyes or vision?		
Have you had any eye injuries?		
Do you wear glasses or contact lenses?		
Do you wear protective eye wear such as goggles, or a face shield?		
Do you worry about your weight?		
Are you trying to or has anyone recommended that you gain or lose weight?		
Are you on a special diet or do you avoid certain types of foods?		
Have you ever had an eating disorder?		
HEAT ILLNESS QUESTIONS	Yes	No
Have you ever become ill while exercising in the heat?		
Do you get frequent muscle cramps when exercising?		
Do you or someone in your family have sickle cell trait or disease?		
HEAD AND NECK HEALTH QUESTIONS	Yes	No
Do you have headaches with exercise?		
Have you ever had a head injury or concussion?		
Have you ever had a hit or blow to the head that caused confusion, prolonged headache or memory problems?		
Have you ever had numbness , tingling, or weakness in your arms of legs after being hit or falling?		
Have you ever been unable to move your arms or legs after being hit or falling?		
FEMALES ONLY		
When was your first menstrual period (age when started)?		
When was your most recent menstrual period?		
How much time do you usually have from the start of one period to the start of another?		
How many periods have you had in the last year?		
What was the longest time between periods in the last year?		

Parent Signature: _____ Date: _____

WASATCH ACADEMY

RE: Prescriptions, Medications, Vitamins, and Supplements

Dear Wasatch Academy Families,

The Wellness Center is excited to care for and ensure the health and well-being of your student while enabling them to learn and grow at Wasatch Academy.

Please know that students are not permitted to have medications, including vitamins, supplements, prescription medications, or over-the-counter medications, in their possession or dorm rooms. While attending Wasatch Academy, these medications will be distributed through the Wellness Center. In order to provide the best care, we ask that you follow these simple guidelines pertaining to medications and supplements:

- Please do not send over-the-counter (OTC) medications with your student to school for occasional use. The Wellness Center has most of these medications in stock at all times. However, if there is a particular OTC medication your student needs to take regularly, it is the parent's responsibility to provide the medication to the Wellness Center. We will then distribute OTC medications as needed.

- Please do not send supplements, oils, vitamins, enzymes, proteins, etc., with your student to school unless your child will be taking them on a daily basis. Should your student need a supplement, please consider a multi-vitamin/mineral combination that can be easily purchased and is approved for distribution in the United States. It is the parent's responsibility to purchase and supply the daily supplement or vitamin, and we encourage you to send a four-month minimum supply.

- If your student requires prescription medication, they must be stabilized on the current prescription medication regimen prior to arrival on campus. To support the ongoing administration of their medication, we ask that the prescription medication has the maximum number of refills permitted by their doctor, if possible, and arrive at campus with at least a full month's supply. All prescriptions are filled at a local pharmacy in Mt. Pleasant, Utah. If your student will need refills of their prescription, please contact the pharmacy with your health insurance information and credit card for them to keep on file for refills. Below is the pharmacy's information.

Terrel's Pharmacy
1050 S. State Street, Utah 84647
Phone: 435.462.6300 / Fax: 435.462.6301

Once again, medication costs and refills are the parents' responsibility. Should your student need a new prescription or a medication refill, the Wellness Center may purchase the prescription with the payment card on file at the pharmacy (preferred method). Or the student may pay for the medication with their own debit/credit card. If you have any questions or concerns regarding these guidelines, please don't hesitate to email or call the Wellness Center at 435.462.1419. We are willing to work through any issues and concerns. We look forward to aiding in your student's health.

Best regards,

Wasatch Academy Wellness Center
wellnesscenter@wasatchacademy.org
Phone: 435.462.1419, Fax: 801.931.2134

WASATCH ACADEMY

Prescription Management and Pharmacy Acknowledgement

If your student is on a current regimen of prescription medications, there are a couple of different options for how we can manage refills. If you have a primary care physician that is managing and prescribing your student's medication, they may or may not be able to send prescriptions out-of-state, depending on their licensure. If your student needs a new prescribing doctor, we can make an appointment at the local family clinic practice for refills. The doctors there are great at prescribing refills for students; however, if any changes need to be made, they prefer the student's primary care physician to make those adjustments.

Please read through the following and select the best option for you and your student:

☐ Your student's medication will be filled at your pharmacy at home, and you will be mailing the refilled medications to Attn: Wellness Center at Wasatch Academy, 120 S. 100 W. Mt. Pleasant, UT, 84647.

☐ Your student will be arriving on campus with enough medication until they go home for the breaks. Refills are not necessary.

☐ Your student's primary care physician will be electronically sending prescriptions to be filled locally at Terrel's Pharmacy.

☐ Your student will need a doctor's visit scheduled at the local clinic, and prescriptions will be filled locally at Terrel's Pharmacy.

If you have opted to have prescriptions filled locally at Terrel's Pharmacy, please be aware that the easiest and most streamlined way to fill prescriptions is to keep a payment card on file at the pharmacy so prescriptions can be paid for as needed. If you are not comfortable doing so, you may need to call and pay over the phone for each monthly refill. Please give them a call at 435.462.6300 to set up their profile, and let them know your student will be attending Wasatch Academy.

Because the pharmacy is located inside the grocery store, charges will come up as "Terrel's Marketplace" in your bank account. Please do not cancel the payment if you see it come up as this instead of a "pharmacy." If you have any questions or concerns, feel free to let us know so we can figure it out prior to canceling the transaction.

Please sign below acknowledging this and agreeing to keep an up-to-date, valid payment card on file at Terrel's Pharmacy.

_____

Parent/Guardian Signature *Date*

Wasatch Academy 2023-24 School Year Travel Details

Please complete and return to the Student Travel Coordinator at travel@wasatchacademy.org

Student's Name: _____ Grade: _____ Phone: _____

Parent/Guardian Name: _____ Phone or Email: _____

Please email WA Student Transportation Coordinator Abbi Kennedy at travel@wasatchacademy.org with questions or concerns about your student's travel.

If your student is traveling as an unaccompanied minor please contact our Student Travel Coordinator, Abbi Kennedy immediately to set up pickup information with airlines. Abbi's email address is travel@wasatchacademy.org and phone number is 801.592.8062.

Beginning of School Arrival Information
Sunday, August 27th

My student requires transportation from **SALT LAKE CITY AIRPORT** to **WASATCH ACADEMY CAMPUS**

Sunday, August 27, 2023 Arrival Time: _____ Airline _____ Flight # _____ (before 8pm)

Connecting City: _____

If Parent/Guardian is accompanying student to the school, please provide arrival details:

Arrival Date: _____ and Approximate Arrival Time: _____ (after 12 pm)

Fall Break
Saturday, October 7th–Sunday, October 15th (d*orms closed)*

Departure Information for Fall Break

My student requires transportation from **WASATCH ACADEMY CAMPUS** to the **SALT LAKE CITY AIRPORT**

Saturday, October 7, 2023 Departure Time: _____ Airline _____ Flight # _____ (before 2:00 pm)

If Parent/Guardian is picking up student, please provide details for pick-up from campus:

Pick-Up Date: _____ and Approximate Time of Pick-Up: _____

Returning Information for Fall Break

Sunday, October 15, 2023 Arrival Time: _____ Airline _____ Flight # _____ (before 8pm)

Connecting City: _____

If Parent/Guardian is accompanying student to the school, please provide arrival details:

Arrival Date: _____ and Approximate Arrival Time: _____

Wasatch Academy 2023-24 School Year Travel Details

Please complete and return to the Student Travel Coordinator at travel@wasatchacademy.org

Student's Name: _____ Grade: _____ Phone: _____

Parent/Guardian Name: _____ Phone or Email: _____

Please email WA Student Transportation Coordinator Abbi Kennedy at travel@wasatchacademy.org with questions or concerns about your student's travel.

If your student is traveling as an unaccompanied minor please contact our Student Travel Coordinator, Abbi Kennedy immediately to set up pickup information with airlines. Abbi's email address is travel@wasatchacademy.org and phone number is 801.592.8062.

Thanksgiving Break
Saturday, November 18th–Sunday, November 26th (dorms closed)

Departure Information for Thanksgiving Break

My student requires transportation from **WASATCH ACADEMY CAMPUS** to the **SALT LAKE CITY AIRPORT**

Saturday, November 18, 2023 Departure Time: _____ Airline _____ Flight #_____ (before 2:00 pm)

If Parent/Guardian is picking up student, please provide details for pick-up from campus:

Pick-Up Date: _____ and Approximate Time of Pick-Up: _____

Returning Information for Thanksgiving Break

Sunday, November 26, 2023 Arrival Time: _____ Airline _____ Flight #_____ (before 8pm)

Connecting City: _____

If Parent/Guardian is accompanying student to the school, please provide arrival details:

Arrival Date: _____ and Approximate Arrival Time: _____

Wasatch Academy 2023-24 School Year Travel Details

Please complete and return to the Student Travel Coordinator at travel@wasatchacademy.org

Student's Name: _____ Grade: _____ Phone: _____

Parent/Guardian Name: _____ Phone or Email: _____

Please email WA Student Transportation Coordinator Abbi Kennedy at travel@wasatchacademy.org with questions or concerns about your student's travel.

If your student is traveling as an unaccompanied minor please contact our Student Travel Coordinator, Abbi Kennedy immediately to set up pickup information with airlines. Abbi's email address is travel@wasatchacademy.org and phone number is 801.592.8062.

Winter Break

Saturday, December 16th-Sunday, January 7th (*dorms closed*)

Departure Information for Winter Break

My student requires transportation from **WASATCH ACADEMY CAMPUS** to the **SALT LAKE CITY AIRPORT**

Saturday, December 16, 2023 Departure Time: _____ Airline _____ Flight #_____ (before 2:00 pm)

If Parent/Guardian is picking up student, please provide details for pick-up from campus:

Pick-Up Date: _____ and Approximate Time of Pick-Up: _____

Returning Information for Winter Break

Sunday, January 7, 2024 Arrival Time: _____ Airline _____ Flight #_____ (before 8pm)

Connecting City: _____

If Parent/Guardian is accompanying student to the school, please provide arrival details:

Arrival Date: _____ and Approximate Arrival Time: _____

Wasatch Academy 2023-24 School Year Travel Details

Please complete and return to the Student Travel Coordinator at travel@wasatchacademy.org

Student's Name: _____Grade: _____ Phone: _____

Parent/Guardian Name: _____Phone or Email: _____

Please email WA Student Transportation Coordinator Abbi Kennedy at travel@wasatchacademy.org with questions or concerns about your student's travel.

If your student is traveling as an unaccompanied minor please contact our Student Travel Coordinator, Abbi Kennedy immediately to set up pickup information with airlines. Abbi's email address is travel@wasatchacademy.org and phone number is 801.592.8062.

March Break

Friday, March 1st-Monday, March 11th (dorms closed)

Departure Information for March Break

My student requires transportation from **WASATCH ACADEMY CAMPUS** to the **SALT LAKE CITY AIRPORT**

Friday, March 1, 2024 Departure Time: _____Airline _____Flight #_____ (before 2:00 pm)

If Parent/Guardian is picking up student, please provide details for pick-up from campus:

Pick-Up Date: _____ and Approximate Time of Pick-Up: _____

Returning Information for March Break

Monday, March 11, 2024 Arrival Time: _____Airline _____ Flight #_____ (before 8pm)

Connecting City: _____

If Parent/Guardian is accompanying student to the school, please provide arrival details:

Arrival Date: _____ and Approximate Arrival Time: _____

Wasatch Academy 2023-24 School Year Travel Details

Please complete and return to the Student Travel Coordinator at travel@wasatchacademy.org

Student's Name: _____Grade: _____ Phone: _____

Parent/Guardian Name: _____Phone or Email: _____

Please email WA Student Transportation Coordinator Abbi Kennedy at travel@wasatchacademy.org with questions or concerns about your student's travel.

If your student is traveling as an unaccompanied minor please contact our Student Travel Coordinator, Abbi Kennedy immediately to set up pickup information with airlines. Abbi's email address is travel@wasatchacademy.org and phone number is 801.592.8062.

End of School Year
Departure Information for Underclassmen – *All Students Except Seniors*
Thursday, May 16th

My student requires transportation from **WASATCH ACADEMY CAMPUS** to the **SALT LAKE CITY AIRPORT**

Thursday, May 16, 2024 Departure Time: _____Airline _____Flight #_____ (before 2:00 pm)

If Parent/Guardian is picking up student, please provide details for pick-up from campus:

Pick-Up Date: _____ and Approximate Time of Pick-Up: _____

End of School Year
Departure Information for All Seniors
Saturday, May 18th

My student requires transportation from **WASATCH ACADEMY CAMPUS** to the **SALT LAKE CITY AIRPORT**

Saturday, May 18, 2024 Departure Time: _____Airline _____Flight #_____ (After 6pm)
